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Bib Data Sheet

CONFIRMATION NO. 9098

SERIAL NUMBER 08/935,844	FILING DATE 09/23/1997  RULE	CLASS 711	GROUP ART UNIT 2187	ATTORNEY DOCKET NO. E0295/7021
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## APPLICANTS

ROBERT WILSON, HOPKINTON, MA;

DENNIS P.J. TING, GROTON, MA;  
MEHAMOOD HOSEIN, STOUGHTON, MA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/02/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

RICHARD F GIUNTA  
WOLF GREENFIELD AND SACKS  
FEDERAL RESERVE PLAZA  
600 ATLANTIC AVENUE  
BOSTON, MA  
022102211

## TITLE

METHOD AND APPARATUS FOR IMPLEMENTING A REMOTE MIRRORING DATA FACILITY

FILING FEE  RECEIVED 2574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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